Revision: HCFA-PM-87-9

AUGUST 1987

(BERC)

ATTACHMENT 4.22-B

Page 1

OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ____ Rhode Island

Requirements for Third Party Liability - Payment of Claims

UFFICIAL

The Rhode Island Medical Assistance Program seeks reimbursement in all instances regardless of the amount involved.

TN No. 87-15 Supersedes TN No.

Approval Date 17 FEB 1988

Effective Date 10/1/87

HCFA ID:1076P/0019P